Image# 10931067227

STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5
COMMITTEE F	OR A LIVABLE FUTURE	
ADDRESS (number and s	830 NE Holladay Street	
(Check if address is changed)	Room 105,	
	Portland	OR 97232 - 111
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	info@livpac.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	http://www.livpac.com	
2. DATE 0 7	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00323352	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer Katherine Eastman Tell	
Signature of Treasurer	Electronically Filed by Katherine Eastman Tell	Date 07 / 20 / Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this SANY CHANGE IN INFORMATION SHOULD BE REPORTE	,
Office Use Only	For further informati Federal Election Com Toll Free 800-424-955	nission FEC FORIVI I